SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date Stamp (Received) SEP 0.0

Refund:	Amount Paid:	Date:	Permit #:	
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INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.	SEP 092013	D COUNTY WISCONSIN
Refund:	Amount Paid:	Date:
	9-18-13 STIB	6.50

				INIUIII CIPAI OSE				Commercial Use				🕺 Residential Use			Proposed Use	i Oposed Constitution	Existing Structure: (if permit being applied for is relevant to it)  Bronnsed Construction:			Pro	Re		a Ad		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	X Shoreland → X Is	□ Is	Section 37	5W 1/4, WC	NO CT		Authorized Agent: (Person Signing Application on behalf of Owner(s))	(	Address of Property:	AE	Owner's Name:
0	ο <u>(</u>			 A			□ 8										ermit being a			Run a Business on Property	Relocate (existing bldg)	Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)		Property/La	$\square$ Is Property/Land within 300 feet of FCreek or Landward side of Floodplain?	, Township	_ 1/4	Legal Description:		igning Applicatio			H/ssor	383
Other: (explain)	onditional I	necial lice:	ccessory Bi	Accessory Building	ddition/Alt	/lobile Hom	unkhouse v	1						rincipal Str esidence (i			applied for is			SS ON.			eration 🕆 🗆	ction			and within 10	and within 30	47 N, R	Gov't Lot	4		on on behalf of		√) ~	Helly I	LAND USE
in)	Conditional Use: (explain)	Special Ilse: (evolain)	Accessory Building Addition/Alteration (specify)		Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	7		relevant to i			- 1	1	2-Story	1-Story +	1-Story	# of Stories and/or basement		刘 Is Property/Land within 1000 feet of Lake,	Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) reek or Landward side of Floodplain? If yescontinue	N, Range	12 (S)	(Use Tax Statement)		Owner(s))		が	O.Br. en	
		1 0 CC #	ition/Altera	(specify)	pecify)	ured date)	ny, <u>or</u> □ sle	ed Garage	eck		orch	ъ	(	it structure inting shack	Prop				1	nent			Loft		es ment			er, Stream (	W	0860 1 300 1	04- 034-2-	<b>Dis</b> i. (23 di	Agent Phone:	Contractor Phone:	HOZ Cull States Cabi	11	☐ SANITARY ☐ PR
		1-54	ation (speci				eping quarte							on propert	Proposed Structure	8	Length:				***************************************	-NVH	Year Roynd	Seasonal	Use		Pond or Flowage If yescontinue	itream (incl. intermittent	Tron	10 % Page 12 730 17 71			ne:	Phone:	2 <u>الح</u> الم		1
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	1 11	trustina		***************************************			□ cooking & food prep facilities)									8810	Width:		- 1.	-   -   c.		S X	1 3		SWC		Distance Structure is from Shoreline :	Distance Structure	ier	Lot(s) No. BI	$\Sigma_{\mathcal{O}}$		Agent Mailing Address (include City/State/Zip):		S S H		IONAL USE City/State/Zip:
		Wa .					orep facilitie										₹   <del>II</del>		None	Compost Toilet	Privy (Pit)	Sanitary (Exists) Specify Type:	(New) Sanitary	Municipal/City	Sew		s from Shor	is from Shoreline : fee		lock(s) No.	00-10	Band	include City/s		54847		
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×	0		×	×	×	×	×	×	×	X	×	×	×	× ×	Dimensions					contract)	aulted (r	есіfу Тур	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		1000	IS P		sion: 789	27 P						
) (	)	-	_	_	)	)	_	)	_	)	)	_	_	_ _	ions	i eigire.	Height:				□ Vaulted (min 200 gallon)				em ?		Plooopiain zone:  ☐ Yes  XNo	ls Property in	Acreage / + /	-20	Pag Pag	Attached	Written	Plumbe		372	B.O.A.   Telephone:
	Tracc	11 200											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intelligentive to the first terms of the second terms of the secon	Square Footage			-		Please de la Constitución de la	lon)			□ City	Water		Present? □ Yes	₽	* 1.3+6.11	700	5-003-1000 reconset occurrent; (i.e. riobety ownership)	X No	Written Authorization	Plumber Phone:	į	- 1	Dhone: 7/6

Proposed Use	<	Proposed Structure	₽	Dimensions		Footage
		Principal Structure (first structure on property)		×	_	
		Residence (i.e. cabin, hunting shack, etc.)	$\overline{}$	×	_	
		with Loft	~	×	_	
💢 Residential Use		with a Porch	$\overline{}$	×	_	
		with (2 <sup>nd</sup> ) Porch	^	×	_	
		with a Deck	(	X	_	
		with (2 <sup>nd</sup> ) Deck	$\overline{}$	×		
Commercial Use		with Attached Garage	1	X	)	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)		×	_	
		Mobile Home (manufactured date)	_	×	_	
		Addition/Alteration (specify)	~	×	_	
		Accessory Building (specify)	1	×	)	
		Accessory Building Addition/Alteration (specify)	^	×	)	
			-			
	Þ.	Special Use: (explain) (1) QSSH - SUDIPLAND (TVON) IN 9	160	1× 7		4,200
		Conditional Use: (explain)	_	×	_	;
		Other: (explain)	(	X	_	
I (we) declare that this application am (are) responsible for the detarmay be a result of Bayyhd Cour	in (includir ail and acci	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying or yhis information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	TIES rrect and co issue a perr inistering o	implete. I (w nit. I (we) fu ounty ordinar	e) acknowl rther accep	d complete. I (we) acknowledge that I (we) sermit. I (we) further accept liability which grounty ordinances to have access to the
Owner(s) (If there are Multiple Owner)	vners list	Owner(s)X  (If there are Multiple Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application)	Date	9		<i>N</i> i
Authority d Arout			2	,		
(If	you are	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	7			***
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Same S م لی و د

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed

Address to send permit

7 10 10		Hold For Fees:	Affidavit:	Hold For Affid	W.W.W.	Hold For TBA: X	1,100	
Date of Approval // 3	Date				<b>%</b> ⊾3 .		13	Signature of Inspector:
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1 to	antol	attached.) , &	hey need to be	Z 8	ached?	r Board Conditions Attached?	Committee gr	Condition(s): T
	Date of J		tures	d by: /////	Inspected by:	3	tion: <i>9-11-</i>	Date of Inspection:
Zoning District $(\mathcal{R}_{-})$							ord:	Inspection Record:
U No	1	중 오 [	Were Property		□ No □ No	K Yes □ Yes	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Propose
	Case #:	Previously Granted by Variance (B.O.A.)	Previously Grante				<u>ب</u> بو	ranted by Va
equired □Yes XNo	Affidavit Required Affidavit Attached	ed □Yes XNo			(Deed of Record)(Fused/Contiguous Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguo	andard Lot Ownership Onforming	Is Parcel as Parcel in Co
			い方	Permit Date: // //	Permit Date:		led (pare):	Permit #: /^_/
Date:	Sanitary Date:	# of bedrooms:		Number:	Sanitary Number:	/ Use Only)	Issuance Information (County Use Only)	suance in
<u>T), Privy (P)</u> , and <u>Well (</u> W). Degun. Dwelling Code.		Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (Fig. 4).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.	), <u>Septic Tank (ST)</u> , <u>I</u> m the Date of Issuan Municipalities Are F Federal agencies ma	Construction  (1) Year fror  Dwelling: ALL  City, State or	ion(s) of New mits Expire Or & Two Family I Town, Village	All Land Use Pe tion Of New One The loca	(9) Stake or Mark I  NOTICE  For The Constru	
ack must be measured must be visible from roposed site of the structure, or must be	of the proposed si	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbone previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner or the other previously surveyed corner or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the provided by a licensed surveyor at the owner's expense.	n the minimum required se se of a corrected compass f	thirty (30) feet from	e owner's expense feet but less than or verifiable by the	ure more than ten (10 ously surveyed corner ense.	iously surveyed comer or marked by a incersed surveyor at the owner's ex- placement or construction of a structure more than ten (10) feet but les susly surveyed corner to the other previously surveyed corner, or verifiable a licensed surveyor at the owner's expense.	Ther previously survice by a license arked by a license
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		or Bluff	Setback from t		63	4.		
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he Planning & Zoning Dept	pproved by the	Changes in plans must be approved by the Planning & Zoning Dept.			sest point)	ured to the clo	(8) Setbacks: (measured to the closest point)	
		de la media per la como de la com			uing)	e (prior to conti	Please complete (1) - (7) above (prior to continuing)	Please con
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<b>y</b> (P)	ıd/or (*) <b>Priv</b> y	(*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	ad (Name Frontage perty (*) Drain Field (DF)	Frontage Roass on your Pro	reway and (*) ting Structure 1 (W); (*) Sep			(2) (3) (4) (5)
				on	Proposed Construction		OI OW	AVVinance with

derial Map

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PO Box 58
Washburn, WI 54891
(715) 373-6138

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BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) OCT 02 2013 UU

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Contractor:			Con	šl	Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	n Signing Application	on behalf of O		Agent Phone:	Agent Mailing Ad	Agent Mailing Address (include City/State	State/Zip):		Written Authorization Attached Yes KNo	zation
PROJECT LOCATION	Legal Description:	(Use Tax Statement)		PIN: (23 digits) 04- 024-2-47-08	08-19-1 05	5-003-03m		ed Document:	Recorded Document: (i.e. Property Ownership) Volume 1036 Page(s) 33	/nership) よ
1/4,	1/4	Gov't Lot	Lot(s) C	CSM Vol & Page VCL 33	Lot(s) No.	. Block(s) No.	Subdivi	bdivision:	111111111111111111111111111111111111111	WHEN THE REAL PROPERTY OF THE PERSON OF THE
Section 19	_ , Township	47 N, Range	nge <u>08</u> w	Town of:  IRON	N RIVER		Lot Size		Acreage 0,29	70
	ls Property/Lan	d within 30 d side of Flo	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	stream (incl. intermittent)	Distance Structure	cture is from Shorelin	reline :	Is Property in		Are Wetlands
Z\Shoreland → x	Is Property/Lan	d within 10	X Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Pond or Flowage	Distance Structure	is from	Shoreline :	Yes X No		X No
□ Non-Shoreland					-					
Value at Time of Completion *include (w	Project (What are you applying for)		# of Stories and/or basement	Use	Of #	Sew	What Type of Sewer/Sanitary Sy	What Type of wer/Sanitary System		Water
material	□ New Construction		1-Story	Seasonal	<b>1</b>	☐ Municipal/City	CF			Citv
\ \ !	XAddition/Alteration	<u></u>	1-Story + Loft	X Year Round	1   漢 2	□ (New) Sanitary		Specify Type:		₹ Well
20000	☐ Conversion	+-	X 2-Story		3	X Sanitary (Exists  □ Drive (Bis)	-	Specify Type: CONV		
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	Property		Foundation			□ None	net			
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nec a lor issuance		Special Use: (explain)					_	×		
		nditional U	Conditional Use: (explain)	AAA-Aam-Aaa-Aa-Aa-Aa-Aa-Aa-Aa-Aa-Aa-Aa-Aa-Aa-Aa				< ×		
ou ori		Other: (eyplain)	2				_	×	_	

Address to send permit

Owner(s): ////

the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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Date

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10-7-1		E LA FOR FORE		Hold Ear Affidavit	Juntar	March	111/10	Signature of Inspector:
	Date of Ann				1		Mark .	
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	Date of Re-Inspection:	IMON KO	trustal	d by:	Inspected by:	ଁ   (	10-2-12	Date of Inspection:
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	<b>Se #</b> :	/Variance (B.O.A.) Case	Previously Granted by			Case #:	ດ	Granted by Variance (B.O.A.)
d Ayes No	Affidavit Required Affidavit Attached	□ Yes KNo □ Yes KNo	Mitigation Required Mitigation Attached	ON C	(Deed of Record) 346 (Fused/Contiguous Lot(s))	XYes (Deed o	ಹಕ್ಕ	Is Parcel a Su Parcel in Comn Is Structure N
			6:13	)ate: 10 1/	Permit Date:		0250 030 180 180 180 180 180 180 180 180 180 18	Permit #: 13-01
	Sanitary Date:	# of bedrooms:		Sanitary Number:	Sanitary	y Use Only)	Issuance Information (County Use Only)	uance Infor
Privy (P), and Well (W). un. elling Code.	<u>ınk (HT), Privy (P),</u> ar s not begun. iform Dwelling Code.	take or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Pri  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelli  The local Town, Village, City, State or Federal agencies may also require permits.	, Septic Tank (ST), Drain m the Date of Issuance if Municipalities Are Reques Federal agencies may al	v Construction ne (1) Year fror y Dwelling: ALL e, City, State or	Stake or Mark Proposed Location(s) of New Construction, Septic NOTICE: All Land Use Permits Expire One (1) Year from the Da For The Construction Of New One & Two Family Dwelling: ALL Municin The local Town, Village, City, State or Federal	Proposed Lose: All Land Use action Of New 1	Stake or Mark NOTICE For The Constru	(9)
ured must be visible from structure, or must be	the setback must be measu of the proposed site of the	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	n the minimum required setback ise of a corrected compass from a	thirty (30) feet from to Department by us	at the owner's expense (10) feet but less than wrier, or verifiable by the	a licensed surveyor sture more than ten viously surveyed co opense.	ed corner or marked by or construction of a struction of a structi	r previously surveys r to the placement of previously surveyed ked by a licensed su
ously surveyed corner to the	t be visible from one previo	idary line from which the setback must be measured must be visible	bour	Feet guired serback, the	) feet of the minimum	sting)	Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet or	back to <b>Privy</b> I
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WW Feet		plain	Elevation of Floodplain	Feet	E	š.	East Lot Line	etback from the East Lot Line
A Feet		land Chana Area	Setback from Wetland	Feet		TO KE	Setback from the <b>South</b> Lot Line Setback from the <b>South</b> Lot Line	back from the
WH Feet		Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the E	Feet	35	t-of-Way	Established Right-of-Way	Setback from the I
フくナ Feet		the Lake (ordinary high-water mar	Sathack from the I			that Book	Description	
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B STATE OF THE STA		_	·	of w/M	/	2		
			Lake	Spiden	> \r			
		(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	sk; or (*) Pond	) Stream/Cree Slopes over 20	wen (**); ( ) 500 ake; (*) River; (*) Vetlands; or (*) !	(*) W (*) L:	Show any (*): Show any (*):	(5) (6) (7)
	/or (*) <b>Privv</b> (P)	a) Holding Tank (HT) and,	<b>d</b> (Name Frontage Road perty *) <b>Drain Field</b> (DF): (*)	Frontage Road is on your Prop is Tank (ST): (	riveway <u>and</u> (*) kisting Structure (all (\\\/): (*) Sand		Show Location of Show:	1.00
		L.	North (N) on Plot Plan		North (N) on Plot Plan		Show / Indicate:	